

APR 10 2018

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**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

Name: Pearl Kim

Daytime Telephone

FILER STATUS	<input checked="" type="checkbox"/>	New Member or Candidate for U.S. House of Representatives Candidates - Date of Election: <u>May 15, 2018</u>	Staff Filer Type (If Applicable): Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: January 1, <u>2017</u> to <u>March 31, 2018</u>
	<input type="checkbox"/>	New Officer or Employee Employing Office: _____	Check If Amendment	

FORM B

For New Members, Candidates, and New Employees

CC
 (Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

- | | | |
|---|---|---|
| A. Did you, your spouse, or your dependent child:
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| C. Did you or your spouse have "arm's length" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

J. C. Kim

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Pearl Kim

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Pearl Kim

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SCHEDULE D – LIABILITIES

Name: Pearl King

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. Members are required to report all liabilities secured by real property including mortgages on their personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, material, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
	See attached list (page 9 of 9)

SCHEDULE F – AGREEMENTS

Name: Peter / Kim

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
8/44	Myself and County of Delaware	County pension
8/44	Myself and Comm. of Pennsylvania	State pension

SCHIERI E.J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude: Payments by the U.S. government and information concerning relationships recognized by law.** Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Pearl Kim

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NOTE NUMBER	NOTES
1.	Originally filed Financial Disclosure Statement is being amended to include "Schedule E- Positions" information.

Use additional sheets if more space is required.

PROFESSIONAL AFFILIATIONS
Pennsylvania Commission on Crime and Delinquency, Harrisburg, PA 2016-2017
Criminal Justice Advisory Committee
Language Access Advisory Group for AOPC, Harrisburg, PA 2015-2017
Women's Commission of Delaware County, PA
Community Organization
2015-Present
Interpreter Services Committee, PA
The Pennsylvania Interbranch Commission for Gender, Racial, and Ethnic Fairness
2015 - Present
Asian Pacific American Bar Association of Pennsylvania, Philadelphia, PA 2008 - Present
Executive Committee Member, Community Outreach Committee
2016-2017
Radnor Township GOP Committee Woman